



# Functional Assessments for Long-Term Services and Supports (LTSS): Part 2

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Medicaid and CHIP Payment and Access Commission

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# Overview

- Background
- Review of inventory results
- Results of additional analyses
- Policy questions
- Next steps

# Background: Functional Assessment Tools

- Collect information on applicants' health status and needs to determine functional eligibility for Medicaid-covered LTSS
- Often used to formulate care plans
- Limited federal guidance
- Concerns about variation
- Inability of information to be linked to claims or other data

# Background

- In the June 2014 report chapter on Medicaid's role in LTSS, MACPAC raised concerns about the lack of standardization in tools.
- In 2015, MACPAC contracted with NORC to compile a comprehensive, nationwide inventory of functional assessment tools.

# Results of Inventory

- NORC identified 124 distinct tools.
- States use an average of three tools each.
- Many states use separate tools for individuals with physical disabilities and individuals with intellectual or developmental disabilities.
- Almost all states use homegrown tools developed by agency staff or contractors, rather than those developed by other states or independent entities.

# Results of Inventory

- In most states, the information from tools used to establish eligibility is also used to develop care plans.
- Virtually all states' tools assess functional limitations, clinical needs or health status, and behavior and cognitive status.
- Most tools also gather information about the individual's physical environment, psychosocial needs, or other issues.

# Additional Analyses

- Analysis of inventory results for additional insights on tools used for populations with different disabilities and service needs
- Comparison of how different assessment tools collect information on similar domains
- Interviews with state Medicaid staff
- Review of recent initiatives by the Centers for Medicare & Medicaid Services (CMS)

# Additional Inventory Results

There is generally little consensus around tools, even when looking only at tools used for individuals with certain types of disabilities.

	Tools used by multiple states (number of states)
Individuals with physical disabilities	<ul style="list-style-type: none"> <li>InterRAI Home Care (6)</li> <li>Medical Eligibility Determination (2)</li> </ul>
Individuals with intellectual or developmental disabilities	<ul style="list-style-type: none"> <li>Supports Intensity Scale (13)</li> <li>Inventory for Client and Agency Planning (10)</li> <li>Child and Adolescent Needs and Strengths (2)</li> <li>Scales of Independent Behavior-Revised (2)</li> </ul>
Individuals with severe mental illness	<ul style="list-style-type: none"> <li>Child and Adolescent Needs and Strengths (2)</li> </ul>



# Comparison of Assessment Items

- States varied widely in the question format and level of detail collected on items related to activities of daily living, instrumental activities of daily living, and cognition, among other areas.
- Greater detail may be useful where states are using a tool to develop a care plan in addition to determining eligibility.

# Comparison of Assessment Items

## Example: Bathing

- Use of adaptive equipment versus personal aides
- Frequency and duration of assistance required
- Specific equipment and subtasks

# State Interviews

- To better understand states' decision making regarding functional assessment tools and why it has resulted in such wide variation, MACPAC staff interviewed Medicaid staff in eight states.
  - Kansas, Massachusetts, Maryland, Minnesota, Mississippi, Nebraska, Ohio, and Wyoming
- States were selected to represent a mix of those using homegrown and independently-developed tools, as well as states currently in the process of selecting (or creating) a new assessment tool.

# Themes of State Interviews

- Without clear advantages for an existing tool or federal guidance, many states developed homegrown tools.
- States' decisions to implement a new assessment tool, and choice of tool, were often driven by the availability of resources.
- States that develop their own tools are motivated by a desire for customization.
- The way a state organizes its delivery of LTSS services can lead to the use of multiple tools.

# CMS Initiatives

## Balancing Incentives Program (BIP)

- Required participating states to adopt standardized functional assessment tools, if not already in use.
- Required certain domains but did not require specific questions be used.

## Testing Experiences and Functional Tools Demonstration (TEFT)

- Currently pilot testing a set of assessment questions for use in home and community-based services programs.

# Policy Questions

**What is the appropriate federal role in functional assessment for LTSS, and should CMS provide additional guidance or resources to states implementing new assessment tools?**

- Given the lack of consensus around a particular tool, there may be a place for CMS to evaluate existing tools and develop guidance for states.
- Additional resources could assist states that would like to streamline their existing assessment tools.

# Policy Questions

**Should all states be required to use the same functional assessment tool, or add a limited set of questions to existing tools, and report the results to the federal government?**

- Requiring that all states use the same tool, or add a limited set of questions to existing tools, would allow for comparisons across state programs.
- The use of a single tool could reduce inefficiency and duplication.
- However, requiring the use of a common tool or a set of questions could pose a burden to states by reducing flexibility.
- In addition, some states may need resources to implement data reporting requirements.

# Next Steps

- Feedback from Commissioners on direction
- June 2016 report chapter





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